

TRANSCRIPT ORDER

Please Read Instructions:

1. NAME Anush Khatri		2. PHONE NUMBER (609) 206-9588	3. DATE 9/15/2022
4. DELIVERY ADDRESS OR EMAIL akhatri@reorg.com		5. CITY New York	6. STATE NY 7. ZIP CODE 10010
8. CASE NUMBER 22-60043	9. JUDGE Christopher M. Lopez	DATES OF PROCEEDINGS 10. FROM 9/13/2022 11. TO 9/13/2022	
12. CASE NAME Free Speech Systems		LOCATION OF PROCEEDINGS 13. CITY Houston 14. STATE Texas	
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER			

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

17. ORDER

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CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00

18. SIGNATURE
Anush Khatri19. DATE
9/15/2022TRANSCRIPT TO BE PREPARED BY
Trinity Transcription Services

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